PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Redu	ction Act of 1995	5, no person are requ	ired to res	respond to a collection of information unless it displays a valid OMB control number				
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known  Application Number Patent#: 7,576,066				
				pplication Num	50.	sued: August 18, 2009		
FEE TRANSMITTAL						rthur M. Krieg		
For FY 2009				Thou rantou intotics.		I. M. Minnifield		
<b></b>						345		
Applicant claims small entity status. See 37 CFR 1.27				urt Unit		1037.70045US00		
TOTAL AMOUNT OF PAYMENT (\$) 100.00 Attorney Docket No.						1007.1100.100		
METHOD OF PAYMEN	T (check all t	hat apply)				<del></del>		
Check X Credit Card Money Order None Other (please identify):								
Deposit Account Depo	sit Account Numb	per: 23/28	 325	Deposit A	Account Name:_	Wolf, Green	field & Sack	s, P.C.
			ctor is h					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of X Credit any overpayments								
fee(s) under 3			J1110 01	X Credit	any overpay	ments		
FEE CALCULATION								
1. BASIC FILING, SEARCH	•							
	FILIN	G FEES Small Entity	SEAF	RCH FEES Small Entity	EXAMINA	TION FEES Small Entity		
Application Type	Fee (\$)		Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Pa	id (\$)
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES							<u>S</u> Fee (\$)	mall Entity Fee (\$)
Fee Description	ing Daiceuse	)					52	26
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							220	110
Multiple dependent claims	0. 5 (110.00.						390	195
• •	tra Claims	Fee (\$)	Fee	Paid (\$)	Mu	Itiple Depend	lent Claims	
- or HP =	х	=			<u>Fee</u>	(\$)	Fee Paid (\$)	
HP = highest number of total cla	ims paid for, if g	reater than 20.						_
Indep. Claims Extra Claims Fee (\$)			Fee	Paid (\$)				
- or HP = HP = highest number of indeper		<del></del>	3.					
3. APPLICATION SIZE FE		a tor, ii groutor triuir c	<b>.</b>					
If the specification and dr	awings exce	ed 100 sheets of	paper (e	xcluding electr	onically file	ed sequence or	computer	
listings under 37 CFR	1.52(e)), the	application size	fee due	is \$270 (\$135 t	for small en	tity) for each a	additional 50	
sheets or fraction there					atlan thoronf	Fee (\$)	Fee P	aid (\$)
	xtra Sheets	/50 =		ditional 50 or fra-			=	4.0 147
4. OTHER FEE(S)		/30 -	'	Touris up to a min			Fees F	Paid (\$)
Non-English Specificat	ion, \$130 fe	ee (no small entit	y discou	int)				
Other (e.g., late filing surcharge): 1811 Certificate of correction							100	0.00
SUBMITTED BY		_						
Signature Registration No. (Attorney/Agent) 48,207						Telephone	617.646.8000	
Name (Print/Type) Maria A. Trevisan						Date	October 1, 2009	
Traine (Final Type) Ivialia A.	TOVIGALI							
xndd ·								
		Cortificate of F	lectronic	Filing Under 37	CFR 1.8			
I hereby certify that this pape		ny paper referred to	as being	attached or enci	osed) is being	transmitted via	the Office elect	ronic filing
system in accordance with §								

Signature: /Michelle M. Quinn/ (Michelle M. Quinn)

Dated: October 1, 2009